

John C. Cosby, Jr., D.M.D.

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OFFICE POLICY

The best dental care is based on a friendly mutual understanding among staff, doctor, and patient. The doctors desire to provide superior service to our entire family of patients. In order to do this we ask for your help on these areas. Thank you and welcome!

APPOINTMENTS

- We strive to see patients at their reserved time. However, we are a medical facility and occasionally circumstances arise that require us to spend more time with a patient. We will always give you the same care and understanding.
- Patients arriving 15 minutes late may be asked to reschedule as a courtesy to the following patients.
- Short notice cancellations hinder us from providing care to others and delay you from obtaining the care that you need.
- **Please remember** that if you break one appointment **without a 24 hour notice** there may be a charge of **\$35.00 for a cleaning appointment and \$75.00 an hour for an appointment with the Doctor.** Failure to attend 2 appointments will result in removal from the practice.
- As a courtesy we do contact you by **phone, text and e-mail to confirm appointments** but ultimately it is **your responsibility** to keep the appointment time that you choose. Your appointment must be confirmed **by the day before** your appointment or it may **be canceled and given to another patient.**
- Please call the office and leave a message if you have to call after business hours to reschedule or cancel an appointment.

INVESTMENT

- Our mission is to provide you with optimal dental care regardless of insurance coverage.
- At the onset of each visit, patients should be prepared to pay in full, or for those with insurance, their deductible and **estimated** co-payment. Financial questions should be addressed prior to start of treatment.
- If you have Insurance that we are **not in network** with we will file it for you but you will have a **co-payment for all treatment**, including cleanings. This co-pay will be **due at the time of service and not billed to you at a later date.**
- To our patients with insurance:
 - We allow 45 days for insurance to cover its portion and our office DOES NOT guarantee payment by your insurance company.
 - If your insurance claim is denied, or it is not paid as estimated, the balance becomes the responsibility of the patient.
 - **Your insurance is a contract between you, your employer, and your insurance company.**
 - **The insurance coverage you will receive depends upon the quality of the plan purchased by the employer.**
 - **While filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.**
- Accounts referred to our outside collection agency will be assessed an additional amount of 35% of the overdue balance.
- In the event any type of collection procedures become necessary, you will be responsible for any collection, legal or attorney fees incurred for you or, if applicable, your dependents.
- **This office accepts cash, check, MasterCard, Visa, Discover, American Express, and Care Credit as methods of payment.**

I HAVE READ THIS OFFICE POLICY AND FULLY UNDERSTAND IT AND AGREE TO ABIDE BY THE TERMS STATED FOR MYSELF AND FOR MY DEPENDENTS, IF APPLICABLE.

SIGNATURE: _____

DATE: ____/____/____